Kaw Valley State Bank

Member FDIC

☐

BUSINESS APPLICANT INFORMATION

Business Name _____

Address _____

City/State/Zip _____

Business Phone _____

Cell Phone _____

E-mail _____

EIN# _____

Business Purpose _____

Type of Business:

- ☐ SOLE PROPRIETORSHIP
- ☐ CLUB/ORGANIZATION
- ☐ GENERAL PARTNERSHIP
- ☐ LIMITED PARTNERSHIP
- ☐ LLC
- ☐ CORPORATION
- ☐ BUSINESS TRUST
- ☐ GOVERNMENT ENTITIY

CUSTOMER DUE DILIGENCE QUESTIONS

Do you have an ATM onsite? YES/NO If yes, are you responsible for replenishing the ATM? YES/NO

Does your company cash checks at your business? YES/NO If yes, amount per year? _____

Do you anticipate monthly wire transfers? YES / NO If yes, domestic, international or both? _____

ACH Origination? DEBIT / CREDIT

OTHER INFORMATION

How did you learn about us? _____

If moving your account, where are you moving your account from? _____

Which factors influenced your decision to open your new account at KVSB?

☐Convenient Location ☐Rates ☐Dissatisfaction with another institution

☐Reputation ☐Referred by a Friend/Relative ☐Services Offered

☐Referred by an employee Name of Employee _____

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we may ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Primary Documentation

☒ EIN# ☐ Article of Incorporation or Organization ☐ Operating Agreement

☐ Certificate of Good Standing ☐ OFAC in SPARAK ☐ Corporate Resolution

SIGNATURES - I certify that everything I have stated in this application and on any attachment is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request or if my financial condition changes.

X _____ _____

Applicant's Signature Date

x _____ _____

Other Signature (if applicable) Date